

Department of Public Works  
1300 Courthouse Road  
PO Box 339  
Stafford, Virginia 22555-0339  
Phone: 540-658-8650  
Fax: 540-658-4598  
Metro: 540-690-8222  
For Inspections: 540-658-8645



Received By \_\_\_\_\_  
Date \_\_\_\_\_  
No Delinquent R/E Taxes Due By \_\_\_\_\_  
A/P \_\_\_\_\_

## Zoning Permit Application Construction or Sales Trailer

### SITE LOCATION:

Address: \_\_\_\_\_

Bld: \_\_\_\_\_ Suite: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Insert: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_

Lot: \_\_\_\_\_ Suffix: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

NUMBER: \_\_\_\_\_

### APPLICANT INFORMATION:

CHECK IF PRIMARY CONTACT: ☐

Contractor/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

VA Contractors License #: \_\_\_\_\_

Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### CURRENT OWNER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Phone: \_\_\_\_\_

TYPE OF WORK: Construction ☐ or  
Sales Trailer ☐

VALUATION: \$ \_\_\_\_\_  
Total Value of Improvement

TOTAL SQUARE FEET \_\_\_\_\_

### DESCRIPTION OF WORK: (MANDATORY)

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A/P#: \_\_\_\_\_

### TRAILER PERMIT

**ONLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PERMIT:**

☐ Construction

☐ Sales

Ramp Sq. Ft

Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Home Affidavit

☐ Plumbing Work

☐ Sewer Connect

☐ Water Connect

**AFFIDAVIT:** I, the undersigned sub-contractor certify that I will be responsible for work performed in the trade indicated and authorize the applicant to obtain the sub-permit as my agent:

#### ELECTRICAL PERMIT:

Contractor/Company: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Va. Contractors License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Master Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master License Holder: \_\_\_\_\_ Original Signature: \_\_\_\_\_  
(Please Print) (Master License Holder)

Phone: \_\_\_\_\_ Estimated Value of Work \$ \_\_\_\_\_

#### PLUMBING PERMIT:

Contractor/Company: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Va. Contractors License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Master Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master License Holder: \_\_\_\_\_ Original Signature: \_\_\_\_\_  
(Please Print) (Master License Holder)

Phone: \_\_\_\_\_ Estimated Value of Work \$ \_\_\_\_\_

#### MECHANICAL PERMIT:

Contractor/Company: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Va. Contractors License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Master Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master License Holder: \_\_\_\_\_ Original Signature: \_\_\_\_\_  
(Please Print) (Master License Holder)

Phone: \_\_\_\_\_ Estimated Value of Work \$ \_\_\_\_\_